County: Chippewa CHIPPEWA MANOR NURSING HOME 222 CHAPMAN ROAD CHIPPEWA FALLS 54729 Phone: (715) 723-4437 Operated from 1/1 To 12/31 Days of Operation: 366 Operate in Conjunction with Hospital? No Number of Beds Set Up and Staffed (12/31/00): 90 Total Licensed Bed Capacity (12/31/00): 90 Number of Residents on 12/31/00: 89

Ownership: Highest Level License: Operate in Conjunction with CBRF? Title 18 (Medicare) Certified? Average Daily Census:

Corporation Skilled No Yes

88

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Services Provided to Non-Residents	Age, Sex, and Primary Diagn	Length of Stay (12/31/00	0) %				
Home Health Care Supp. Home Care-Personal Care Supp. Home Care-Household Services Day Services Respite Care Adult Day Care Adult Day Health Care Congregate Meals Home Delivered Meals	No No No No No No No No	Primary Diagnosis Developmental Disabilities Mental Illness (Org./Psy) Mental Illness (Other) Alcohol & Other Drug Abuse Para-, Quadra-, Hemiplegic Cancer Fractures	0. 0 40. 4 9. 0 1. 1 0. 0 1. 1 3. 4	Age Groups Under 65 65 - 74 75 - 84 85 - 94 95 & Over	3. 4 2. 2 32. 6 49. 4 12. 4	Less Than 1 Year 1 - 4 Years More Than 4 Years ************************* Full-Time Equival Nursing Staff per 100 1 (12/31/00)	33. 7 40. 4 25. 8 100. 0 **********************************
Other Meals Transportation Referral Service Other Services Provide Day Programming for Mentally Ill Provide Day Programming for Developmentally Disabled ************************************	No No No No No	Cardiovascul ar Cerebrovascul ar Di abetes Respiratory Other Medical Conditions	13. 5 10. 1 7. 9 3. 4 10. 1 100. 0	65 & Over Sex Male Female	96. 6 19. 1 80. 9 100. 0 *******	RNs LPNs Nursing Assistants Aides & Orderlies	16. 6 3. 4 33. 6

Method of Reimbursement

	Medicare (Title 18)				Medicaid (Title 19)			Other I			Private Pay			Managed Care			Percent
			Per Di ei	n		Per Di ei	n		Per Die	m		Per Dien	ı	F	Per Diem	Total	Of All
Level of Care	No.	%	Rate	No.	. %	Rate	No.	%	Rate	No	. %	Rate	No.	%	Rate	No.	Resi dents
Int. Skilled Care	7	100 0	\$225.00	1	2. 0	\$111.90	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	8	9. 0%
Skilled Care	Ó		\$0.00	38	74. 5	\$94. 48		100. 0	\$94.48	16		\$100.00	ŏ	0. 0	\$0.00	55	61. 8%
Intermediate				12	23. 5	\$77. 08	0	0.0	\$0.00	14	46. 7	\$100.00	0	0.0	\$0.00	26	29. 2%
Limited Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Personal Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0. 0	\$0.00	0	0. 0	\$0.00	0	0.0%
Residential Care				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Dev. Di sabl ed				0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Traumatic Brain Inj	. 0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Ventilator-Dependen	t 0	0.0	\$0. 00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0	\$0.00	0	0.0%
Total		100.0		51	100. 0		1 :	100. 0		30	100.0		0	0.0		89	100.0%

Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/00 Admissions, Discharges, and Deaths During Reporting Period % Needi ng Total Assistance of Activities of Percent Admissions from: % Totally Number of Private Home/No Home Health 17.5 Daily Living (ADL) Independent One Or Two Staff Dependent Resi dents Private Home/With Home Health 0.0 Baťhi ng 12. 4 **58. 4** 29. 2 89 Other Nursing Homes 9. 5 Dressi ng 15. 7 60.7 23.6 89 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals 71.4 Transferring 29. 2 52.8 89 18.0 24.7 44.9 89 0.0 Toilet Use 30. 3 89 0.0 Eating 75. 3 9. 0 15. 7 Other Locations 1.6 Total Number of Admissions Continence Special Treatments 63 Receiving Respiratory Care
Receiving Tracheostomy Care
Receiving Suctioning
Receiving Ostomy Care Percent Discharges To: Indwelling Or External Catheter 38. 2 5.6 Private Home/No Home Health 17. 2 Occ/Freq. Incontinent of Bladder 44. 9 1. 1 Private Home/With Home Health 18.8 Occ/Freq. Incontinent of Bowel 24.7 0.0 Other Nursing Homes 12.5 1. 1 Acute Care Hospitals
Psych. Hosp. - MR/DD Facilities
Rehabilitation Hospitals Receiving Tube Feeding Receiving Mechanically Altered Diets 4.7 Mobility 0.0 Physically Restrained 0.0 2. 2 13. 5 0.0 Other Locations 3. 1 Skin Care Other Resident Characteristics 0.0 Deaths 43.8 With Pressure Sores Have Advance Directives 82.0 Total Number of Discharges With Rashes Medications 0.0Receiving Psychoactive Drugs 49. 4 (Including Deaths)

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

	Ownershi p:		Bed Size:		Li censure:				
	Thi s	Propri etary		50- 99		Ski l	led	Al l	
	Facility	Peer	Peer Group		Group	Peer Group		Facilities	
	%	%	Ratio	%	Ratio	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	97. 8	82. 5	1. 19	87. 3	1. 12	84. 1	1. 16	84. 5	1. 16
Current Residents from In-County	88. 8	83. 3	1. 07	80. 3	1. 10	83. 5	1.06	77. 5	1. 15
Admissions from In-County, Still Residing	46. 0	19. 9	2. 31	21. 1	2. 18	22. 9	2. 01	21. 5	2. 14
Admissions/Average Daily Census	71.6	170. 1	0. 42	141. 8	0. 51	134. 3	0. 53	124. 3	0. 58
Discharges/Average Daily Census	72. 7	170. 7	0. 43	143. 0	0. 51	135. 6	0. 54	126. 1	0. 58
Discharges To Private Residence/Average Daily Census	26. 1	70.8	0. 37	59. 4	0. 44	53. 6	0. 49	49. 9	0. 52
Residents Receiving Skilled Care	70. 8	91. 2	0. 78	88. 3	0.80	90. 1	0. 79	83. 3	0.85
Residents Aged 65 and Older	96. 6	93. 7	1. 03	95. 8	1.01	92. 7	1.04	87. 7	1. 10
Title 19 (Médicaid) Funded Residents	57. 3	62. 6	0. 92	57. 8	0. 99	63. 5	0. 90	69. 0	0.83
Private Pay Funded Residents	33. 7	24. 4	1. 38	33. 2	1.01	27. 0	1. 25	22. 6	1.49
Developmentally Disabled Residents	0. 0	0.8	0.00	0. 7	0.00	1. 3	0.00	7. 6	0.00
Mentally Ill Residents	49. 4	30. 6	1.61	32. 6	1. 52	37. 3	1. 33	33. 3	1.48
General Medical Service Residents	10. 1	19. 9	0. 51	19. 2	0. 53	19. 2	0. 53	18. 4	0. 55
Impaired ADL (Mean)	46. 1	48. 6	0. 95	48. 3	0. 95	49. 7	0. 93	49. 4	0. 93
Psychological Problems	49. 4	47. 2	1. 05	47. 4	1.04	50. 7	0. 97	50. 1	0. 99
Nursing Čare Required (Mean)	6. 7	6. 2	1. 09	6. 1	1. 11	6. 4	1. 05	7. 2	0.94